

*****Form 2 of 3*****

**Centers for Disease Control and Prevention
Biographical Data Form**

You may use this form or attach a current CV. This information is required by accreditation organizations. It will be treated as a confidential document.

Name/Degrees:

Date Submitted:

Business Address:

Telephone:

Fax:

E-mail:

Position/Title:

Education (include basic preparation through highest degree held)

Degree/Year

Institution, City, State

Major Area of Study

Professional experience (areas of expertise and publications pertinent to this educational activity)

All four (4) forms (abstract, biographical data, conflict of interest, and checklist) must be received at PSA no later than
5:00 pm on Monday, March 19, 2001

*A biographical data *form must be completed by each speaker for every presentation.*